



# F.I.R.S.T. Health

## NECK PAIN DISABILITY INDEX QUESTIONNAIRE

**PLEASE READ:** This questionnaire is designed to enable us to understand how much your **NECK PAIN** has affected your ability to manage your everyday activities. Please answer each section by circling the **ONE CHOICE** that most applies to you. We realize that you may feel more than one statement may relate to you, but **PLEASE JUST CIRCLE THE ONE CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.**

<p align="center"><b>Section 1- Pain Intensity</b></p> <p>A-I have no neck pain at the moment.            B-My neck pain is very mild at the moment.            C-My neck pain is moderate at the moment.            D-My neck pain is fairly severe at the moment.            E-My neck pain is very severe at the moment.            F-My neck pain is the worst imaginable at the moment.</p>	<p align="center"><b>Section 6- Work</b></p> <p>A-I can do as much work as I want to due to neck pain.            B- I can only do my usual work, but no more due to neck pain.            C-I can do most of my usual work, but no more due neck pain.            D-I cannot do my usual work due to neck pain.            E-I can hardly do any work at all due to neck pain.            F-I cannot do any work at all due to neck pain.</p>
<p align="center"><b>Section 2- Personal Care (Washing, Dressing, etc)</b></p> <p>A-I can look after myself normally without causing neck pain.            B-I can look after myself normally, but it causes neck pain.            C-Due to my neck pain it is painful to look after myself and I am slow and careful.            D-Due to my neck pain I need some help, but manage most of my personal care.            E-Due to my neck pain I need help every day in most aspects of self care.            F-Due to my neck pain I do not get dressed, I wash with difficulty and stay in bed.</p>	<p align="center"><b>Section 7- Concentration</b></p> <p>A-I can concentrate fully when I want to with no difficulty.            B-I can concentrate fully when I want to with slight difficulty due to my neck pain.            C-I have a fair degree of difficulty in concentrating when I want to due to my neck pain.            D-I have a lot of difficulty in concentrating when I want to due to my neck pain.            E-I have a great deal of difficulty in concentrating when I want to due to my neck pain.            F-I cannot concentrate at all because of neck pain.</p>
<p align="center"><b>Section 3- Lifting</b></p> <p>A-I can lift heavy weight without extra neck pain.            B-I can lift heavy weights, but it gives me extra neck pain.            C-Neck pain prevents me from lifting heavy weight off the floor, but I can manage if they are conveniently positioned, for example, on a table.            D-Neck pain prevents me from lifting heavy weight, but I can manage light to moderate weight if they are conveniently positioned.            E-I can lift very light weights due to my neck pain.            F-I cannot lift or carry anything at all due to my neck pain.</p>	<p align="center"><b>Section 8- Sleeping</b></p> <p>A-I have no trouble sleeping because of my neck pain.            B-My sleep is slightly disturbed by neck pain. (less than 1 hour sleepless)            C-My sleep is mildly disturbed by neck pain. (1-2 hours sleepless)            D-My sleep is moderately disturbed by neck pain.(2-3 hours sleepless)            E-My sleep is greatly disturbed by neck pain.(3-5 hours sleepless)            F-My sleep is completely disturbed by neck pain.(5-7 hours)</p>
<p align="center"><b>Section 4- Reading</b></p> <p>A-I can read as much as I want to with no pain in my neck.            B-I can read as much as I want to with slight pain in my neck.            C-I can read as much as I want to with moderate neck pain.            D-I cannot read as much as I want due to moderate neck pain.            E-I cannot read as much as I want because of severe neck pain.            F-I cannot read at all due to my neck pain.</p>	<p align="center"><b>Section 9- Driving</b></p> <p>A-I can drive my car without any neck pain.            B-I can drive my car as long as I want with slight pain in my neck.            C-I can drive my car as long as I want with moderate neck pain.            D-I cannot drive my care as long as I want due to moderate neck pain.            E-I can hardly drive at all because of severe pain in my neck.            F-I cannot drive my car at all due to pain in my neck.</p>
<p align="center"><b>Section 5- Headaches</b></p> <p>A-I have no headaches at all because of my neck.            B-I have slight headaches which come infrequently due to my neck pain.            C-I have moderate headaches which come infrequently due to my neck pain.            D-I have moderate headaches which come frequently due to my neck pain.            E-I have severe headaches which come frequently due to my neck pain.            F-I have headaches almost all the time due to my neck pain..</p>	<p align="center"><b>Section 10- Recreation</b></p> <p>A-I am able to engage in all my recreational activities with no neck pain at all.            B-I am able to engage in all of my recreational activities with some pain in my neck.            C-I am able to engage in most, but not all of my recreational activities because of pain in my neck.            D-I am able to engage in a few recreational activities because of pain in my neck.            E-I can hardly do any recreational activities due to neck pain.            F-I cannot do recreational activities at all due to pain in my neck.</p>

NAME

AGE

DATE

SCORE